



**State of South Dakota
Statement of Financial Interest
Elected Official**

File statement within 15 days after taking your oath of office in the office where your nominating petition or convention nomination certification was filed. Please read information on reverse side before completing this form.

RECEIVED
JAN 11 2005
S.D. SEC. OF STATE

1. Name Kathy Miles
2. Address 610 W. Summit Ave. Sioux Falls, SD 57104
3. Elected Office House of Representatives

If there is no change in your financial interest since the filing of your postnomination statement of financial interest, please sign and return.

Date: 1-11-05 (Signed) Kathy Miles

If there are changes, please complete the following:

4. What is your occupation/profession? _____

5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

What is the nature of your immediate family's association with each?

State of South Dakota)
County of _____) SS.

Verification

Filed this 11th day of January 2005
Chris Nelson
SECRETARY OF STATE

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

Sworn to before me this _____ day of _____, 19____ (Signed) _____

(Seal) _____ Officer Administering Oath
My commission expires: _____

**State of South Dakota
Statement of Financial Interest
Candidate for Public Office**

File statement in the office where your nominating petition or convention nomination certification was filed.

Please read information on reverse side before completing this form.

1. Name Kathy Miles

2. Address 610 W. Summit Ave., Sioux Falls, SD 57104

3. Office Sought House of Representatives

4. What is your occupation/profession? Clinic Nurse Manager

5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

The Workshed - husband
City of Sioux Falls Fire Dept - husband.
Arna McKinnon - candidate

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

owner
retirement pension
employee

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

What is the nature of your immediate family's association with each?

State of South Dakota)
) SS.
County of _____)

Verification

Filed this 21st day of

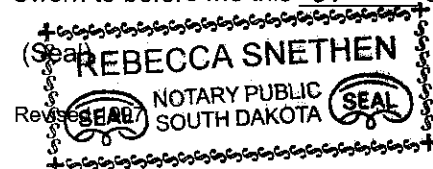
April 04

Chris Nelson
SECRETARY OF STATE

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

(Signed) Kathy Miles

Sworn to before me this 21st day of April, 2004.



Rebecca Snethen
Officer Administering Oath
My commission expires: 11-19-2007